## ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS

## AMENDMENT TO VITAL RECORD

Identifying information about the registrant as it appears on the original record:					
A.	. Name of Registrant Alvin	Clyde	Dennis	B. File No	182
С	Date Birth August	24 DAY	1930 D. Place	Gila county	Globe
_	E. ITEM ON CERTIFICATE	F. ENTRY BEFORE AMENDMENT G. ENTRY AFTER AMENDM			AMENDMENT
	Registrant's name	Alvin Clyde Dennis		Melvin Clyde Dennis	
_2	Mother's maiden name	Ethel	thel Louise Olsson Ethel Louise Ollson		llson
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H. ABSTRACT OF SUPPORTING DOCUMENTS					
Love trues Love one survey					
1.	Personal affidavit, father		James G. Dennis	9-30-58	9-30-58
	Information concerning registrant in pocument Information entered under item "G" above				
	Personal affidavit, mother		Etnel L. Dennis	9-30-58	9-30-58
2.	Information concerning registrant in document Information entered under item "G" above				
\	TYPE OF DOCUMENT GOOD Samaritan BY WHOM ISSUED AND SIGNED SUP. Medical Are ISSUED DATE ORIGHOSPITAL PROOFITS, Arizona Anna Griffin, Records 10-27-58 5-20-			5-20-52	
3.	INCOMPATION CONCERNING REGISTRANT IN DOC	UKENT		<del> </del>	
	Registrant's name: Melvi	n Denn	S BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
4.			1 11/2	2-11 515	<u> </u>
7,	INFORMATION CONCERNING REGISTRANT IN DOCUMENT				
I hereby certify that I have examined the documents referred to above and that the abstract is true and					
	REGISTRAR'S CERTIFICATION  COFFECT.  STATE AEGISTRAR  EVIDENCE REVIEWED BY  DATE FILED  COFFECT.  OF SALES AND				
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